Candidate Intention Statement	Type or Brint in Int	5	CANDIDATE INTENTION STATEMEN
	Type or Print in Ink.	Date Stamp	CALIFORNIA 501
Check One: ⊠ Initial ☐ Amendment (Explain)			For Official Use Only
1. Candidate Information:			
NAME OF CANDIDATE (Last, First, Middle Initial)	DAYTIME TELEPHONE NUMBER	FAX NUMBER (optional) E-MAIL	(optional)
David W. Gordon STREET ADDRESS	(818) 842-2111	(818) 842-4454 gorbu	r@pacbell.net
	CITY	STATE ZIP CO	
851 N. Hollywood Way OFFICE SOUGHT (POSITION TITLE) AGENCY NAME	Burbank		5-2814
0.4 0		DISTRICT NUMBER, if applicable.	☑ NON-PARTISAN
City Council City of Burba OFFICE JURISDICTION	ank	N/A	PARTY:
State (Complete Part 2.)			
		2013	
☑ City ☐ County ☐ Multi-County:	(Name of Multi-County Jurisdiction)	(Year of Election)	
(Check one box) I accept the voluntary expenditure ceiling for the election I do not accept the voluntary expenditure ceiling for the Amendment: I did not exceed the expenditure ceiling in the prima the general or special run-off election.	election stated above.	/ and I accept the volunt	ary expenditure ceiling for
(Mark if applicable)			
On/, I contributed personal funds in exc	ess of the expenditure ceiling for the	election stated above.	
3. Verification:			
I certify under penalty of perjury under the laws of the S	tate of California that the foregoing	is true and correct.	
Executed on September 21, 2012 Signature	Junily		
(month, day, year)	(Candidate)	FPPC Toll-Free Help	FPPC Form 501 (April/2011) pline: 866/ASK-FPPC (866/275-3772)